

AFFORDABLE HOUSING FEE REBATE PROGRAM APPLICATION FOR REBATE

Address of Applicant:							
Tax ID # or Social Security#: Telephone #: Address of Affordable Housing: PIN#:	Name	of Applicant:					
Address of Affordable Housing: PIN#:	Addres	s of Applicant	:				
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SALE ONLY Date of Sale: Sale Price: \$ Number of Bedrooms: DATE FEE AMOUNT PAID 2	Tax ID	ax ID # or Social Security#: Telephone #:					
Date of Sale: Sale Price: \$ Number of Bedrooms: Building Permit #:	Address of Affordable Housing:					PIN#:	
Date of Sale: Sale Price: \$ Number of Bedrooms: Building Permit #:							
Date of Sale: Sale Price: \$ Number of Bedrooms: Building Permit #:							
Sale Price: \$ Name of Assistance Program:	SALE ONLY			RENTAL ONLY			
Building Permit #: DATE FEE AMOUNT PAID 2	Date of Sale:			Completion Date:			
Building Permit #: DATE	Sale P	rice: \$		Name of Assistance Program:			
Building Permit Fee Driveway Permit Fee Grading Permit Fee Zoning Permit Fee Water Service Connection MSD Facility Fee Other Fees Attach required documentation: 1. Copy of Closing Statement (HUD-1 or equivalent) or evidence of local, state or federal assistance for rental property; 2. Copy of receipt(s) for fees paid. The undersigned certifies that this application and attached documentation are true, accurate and complete; that the sale price represents the full market value of the completed home; that no other payments have been or will be received by the seller in connection with the sale of the home; that the purchaser is not an immediate family member or business associate of the seller; and that the rents for any units rented are required by a local, state or federal assistance program to be affordable to households at or below 80% of area median income. Signature of Applicant:	Number of Bedrooms:						
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Community Development Director Date							